President:

Kevin Short OAM

Patron:

Dr Cameron Archer AM

Web: www.maitlandhistorical.org



Secretary:

Steve Bone

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The Aims of the Society are to Discover, Record, Preserve, Advise on and Teach the History of Maitland and the District

APPLICATION FOR SOCIETY MEMBERSHIP

					_							
NEW MEMBER APPLICATION					RENEWAL				Date:	Date:		
Family Name: Preferred first Name:												
Residential No.& street:									Postco	Postcode:		
address Town:									State:	State:		
Phone numbers Home:							Mobile:					
E-mail:												
Please note that if you are unable to provide an e-mail address, an additional fee of \$20.00 will be charged for postage												
G	ender:	Male	Female	Age	e G	roup:	Under 20		21-39	40-59	Over 60	
Membership Fees: Are for Financial Year (1 July to 30 June) and fall due after the AGM held in March.												
Single						\$25.00			Payme	ent made		
Fa	mily [pers	ame household	d]		\$35.00			\$				
St	udent				\$5.00							
Payment method – Membership fees can be paid by one of the methods below:												
In person, cash or cheque At Maitland & District Historical Society Inc., 3 Cathedral St, Maitland												
Ву	cheque		To Maitlar	To Maitland & District Historical Society Inc., PO Box 333 Maitland NSW, 2320								
By Bank Transfer Maitland & District Historical Society Inc. BSB: 646 000 Account No.: 100075198									075198			
If sending payment by Bank Transfer, please include 'your name' and the word 'Dues'									word ' Dues ' as the			
			reference	reference/description so that we can identify your payment								
Privacy Statement We take your privacy seriously. Information we gather about you is for administration purposes and for us to supply you with information, newsletters, Journals etc. We will not knowingly supply your personal details to any Third Party												
	without your consent.											
Public Register of Members												
MDHS is required by law to keep a Public Register of Members. The minimum information that must be recorded is												
each member's name. By law any member can ask to see the register and copy any information on that register.												
There are restrictions on its use. You have the right to determine what information is made available on that register												
		n to your na				J					Ü	
·												
I give permission for the following to be made available on the Public Register of Members.												
Address: □Yes □No Phone: □Yes □No E-mail: □Yes □No												
NOTE: Members can alter or withdraw any permission they have given regarding these details at any time in writing												
The society would like your comments regarding the four items below:												
Do you have any specific talents that you could bring to the group? eg: volunteering, archiving, librarian, computer data												
input skills, handyman skills, gardening, catering, heritage walking or bus guide, researcher, photographer etc:												
										•		
I can provide assistance at the society rooms of										9	Saturday	
Ιa			tend general m		_							
By submitting this form and paying the required membership fee, you are acknowledging that you have read the												
information above, and that you agree to adhere to the constitution and other rules of the society.												

Society Use Only

Application: Accepted/Not accepted

Applicant notified: / /

Tendered fee returned to unsuccessful applicant:/........

Committee Meeting Date:/.......

Membership commencement date: / /

Receipt No: Dated: /